

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 18 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Robert Cl	egg, Debra Vande	rbeek, Periklis Karoutas,	Leann Moccia	
II. Name of lobbyist's	partnership, firm o	· corporation, if an	y:		
Legisla	tive Solutions, L.L.C				
	of partnership, firm or				
	Box 10724	Bedford	NH	03110	
Business Address: (Stre	eet)	(Town/City)	(State)	(Zip Code)	
() 603-986-9145) 603-986-9145 ()e-mail dbeek@aol.com				
(Telephone)		(Fax)			
III. This statement cov reportable expense tra				nay file a separate report for	
☐ All reportable transa	actions occurring in the	ne months prior to t	ne reporting date relative to	the following client:	
	The Alliance for So	olar Choice			
	(Full Name of Client as	s it appears on the Lob	byist Registration Form)		
<u>OR</u>					
☐ All reportable transa unrelated to any particu	-	: (including the lobb	yist's family), or the lobbyi	ng firm listed below which are	
IV. Date of Report Reports cover: activity	April 26, 2017 X	ion to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/1	17	
а	October 25, 2017 Cativity from 7/1/17 to 9/		January 31, 2018 activity from 10/1/17 to 12/3		
			transactions made since e Secretary of State's Office,		
VI. Check if additiona	l reports are attache	ed:			
. /			e Addendum A- Fees and	Expenses	
☐ If you have paid an Expense Reimbursemer		ursed expenses, you	ı must file Addendum B – F	Report of Honorariums or	
☐ If you, your firm, o	r your family has mad	de political contribu	tions, you must file Addend	lum C– Political Contributions	
Sworn Statement/Affin I have read RSA 15, RS and complete to the bes (Signature of lobbyist) Robert Clegg	SA 15-B, RSA 14-C a	nd RSA 664 and he	4 1	e foregoing information is true 100 100 100 100 100 100 100 100 100 10	

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client The Alliance for Solar Choice	Date April 18, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 6000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 6000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by the filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of a e: meals purchased during a business than \$10 that is given to the person d with a value of \$25.00 or less); and arting period of greater than \$25.00 for the of greater than \$25, purchase of the expense reimbursement, or political politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 6000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 6000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ 6000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
To list Cliff	April 18, 2017
(Signature of lobbyist)	(Date)
Robert Clegg	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Debra Vanderbeek

(Print Name of lobbyist)

Statement of Income an	d Expenses for:		
Name of Lobbying partners	hip, firm, or corpor	ation: Legislative S	Solutions
		the partnership, firm, or	r corporation and not related to any
Date of Report (check one)	:		
April 26, 2017 💆 Ju	lly 26, 2017 □	October 25, 2017 □	January 31, 2018 □
•			and Expenses described above, and number of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm the complete to the best of my (Signature of lobbyist)			ent and each Addendum is true and AAA 18, 3017 (Date)
,			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Periklis Karoutas

(Print Name of lobbyist)

Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: **Legislative Solutions** Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any The Miance (on Solon Choice Date of Report (check one): April 26, 2017 July 26, 2017 □ October 25, 2017 □ January 31, 2018 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the yest of my knowledge and belief. April 18, 2017 (Signature of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irma	ation	by L	obbyi	st
Statem	ent of	Income	and	Expe	enses	for:	

Name of Lobbying partnership, firm, or corporation: Legislative Solutions
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 26, 2017 → July 26, 2017 □ October 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)
Leann Moccia
(Print Name of lobbyist)